and the blood vessels. This is more marked, however, in the posterior and lateral columns. There are also pronounced changes in the blood vessels, their walls being thickened and the adventitial sheath distended and infiltrated with round cells. Miliary aneurisms and hæmorrhages are found scattered throughout the cord, particularly in the lumbar portion.

As a control experiment, he examined the nervous system of ten old people who had never suffered from paralysis agitans. The changes revealed differed only slightly from those found in paralysis agitans, in which the same lesions were more pronounced. He agrees with those who claim that p. agitans is nothing more than an expression of an abnormally high degree or form of premature senility of the nervous system. He is of the opinion that the primary changes occur in the vascular system, and that the nerve changes are secondary. (*Neurolog. Centbl.*, No. 5, 1893). W. M. L.

CLINICAL.

A Case of Hemianæsthesia without Hemiplegia, following Injury.—Some time since, Reymond showed to the Anatomical Society of Paris the brain of a man 26 years of age, illustrative of the above condition. The patient shot himself in the right parietal region, with the ball of a revolver, about 7 cm. behind the orbital apophysis. There was no loss of consciousness, sensibility or mobility. Three days afterward the wound was explored, and a small bit of bone was removed, but the bullet remained within the cranium. Then developed left hemianæsthesia, slight anælgesia, muscular incoördination of the left side, delerium, coma and death about ten days afterward. The autopsy showed the dura mater adherent to the skull at the opening where the bullet entered. The orifice of the bullet corresponded to the fissure of Sylvius. On horizontal section of the brain it was seen that the trajection of the ball was obliquely on the right hemisphere, from the fissure of Sylvius to the occipital fissure on the internal face of the hemisphere. This pathway was dilated in front, and the middle part was situated on the posterior part of the optic tract, the corpus stratum and internal capsule. The white substance situated immediately in front of the internal capsule, and corresponding to the sensory crossway, was destroyed. On vertical section the pathway could be seen passing by the ascending parietal, that is to say, immediately in front of the entering surface of the ball. The lesion just barely grazed the lenticular nucleus, which however remained intact. On a section passing by the posterior part of the optic tract and the sensory crossway, the superior pediculo-parietal and the inferior pediculo-parietal fascia are destroyed, in spite of the fact that the tempero-sphenoidal fascia is intact. Section passing immediately in front of the corpus callosum, shows the lesion, although small, somewhat elevated and tending toward the internal face of the hemisphere. All of the right lobe presented evidence of diffuse encephalitis. The left hemianæsthesia was not accompanied by any motor paralysis, and the traumatic lesion concerned alone the posterior portion of the internal capsule, *i. e.*, the crossway of the sensory fibres. J. C.

On a Peculiar Form of Paræsthesia of the Extremities,—Acroparæsthesia.—Laquer (*Neurolg. Centbl.*, No. 6, 1893), describes this condition as attacks of numbness and rigidity in the hands and forearms up to the elbows. There is burning and darting pain, accompanied by a sensation of tension and swelling, which does not limit itself to the course of any individual nerve, but is diffused over the entire surface of the skin of the fingers, hands and arms. It is rarely unilateral, almost always bilateral, and as a rule is worse at night. The patient is frequently aroused from her sleep, and the sensations at times increase to acute agonizing pain. The attacks occasionally occur spontaneously during the day. They may, also, be produced by manual labor or keeping the hands in hot or cold water. At times the severity and duration of the sensations are diminished by rubbing or swinging the arm. Neither objective sensory symptoms nor disturbance of motility. No pain on pressure over the brachial flexus or the nerve trunks.

He had observed twelve cases. All were women from thirty-five to fifty years of age. A comparatively large number of these had experienced excessive hæmorrhages during parturition, and had complained of these symptoms for years. None suffered from hysteria or hypochondriasis. The attacks bore no relation to menstrual disturbances or gastro-intestinal affections. Although he had watched certain cases for many years, no symptoms of central nervous disease ever developed. He characterizes this condition as a neurosis of sensi-